

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Mr. James B		OFFICE USE ONLY Date Received RECEIVED OCT 29 2001 CITY SECRETARY Date Hand-delivered or Date Postmarked
	NICKNAME LAST SUFFIX Jim Neal		
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6601 Dunlap Apt. # 3048 Houston Texas 77074		Receipt # Amount Date Processed Date Imaged
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Mr. James B		
	NICKNAME LAST SUFFIX Jim Neal		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6601 Dunlap Apt. # 3048 Houston, Texas 77074		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 270-0971 NA		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 6th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 10 / 10 / 2001 10 / 29 / 2001		
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 06 / 2001		
11 OFFICE	OFFICE HELD (if any) NONE	12 OFFICE SOUGHT (if known) City of Houston City Council - Position 1 (one)	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission files)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ -0-

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)\$ 1,100.⁰⁰/₁₀₀EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 21.65

4. TOTAL POLITICAL EXPENDITURES

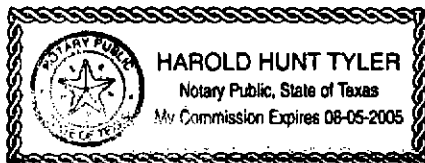
\$ 3,305.⁷⁴/₁₀₀OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 3,327.39

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



James B. Neal
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JAMES B. NEAL, this the 29 day of OCTOBER, 2001, to certify which, witness my hand and seal of office.

Harold H. Tyler
Signature of officer administering oath

Harold H. Tyler
Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

ONE

2 FILER NAME

James B. Neal

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/19/01

5 Full name of contributor

Norman Adams

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$1,000.00

8 In-kind contribution description (if applicable)

Company Check
(Not a corporation)
Check

6 Contributor address; City; State; Zip Code

Houston, Texas 77008

9 Principal occupation (Optional)

Adams Insurance Service - Insurance

10 Employer (Optional)

owner - Adams Insurance Service

Date

10/26/01

Full name of contributor

Thomas A. Bazan

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

CASH

Contributor address; City; State; Zip Code

Houston, Texas 77252

Principal occupation (Optional)

Appraiser - Real Estate

Employer (Optional)

Self employed - owner

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

(1) one

2 FILER NAME

James B. Neal

3 ACCOUNT # (Ethics Commission filers)

4 Date 10/17/01 10/26/01	5 Payee name Universal Printing Company 6 Payee address; City; State; Zip Code 402 Cortland at 4th Street Houston, Texas 77007 7 Purpose of expenditure (See instructions regarding type of information required.) Campaign cards and folder signs for campaign	8 Amount (\$) \$1,163.91 XX <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date 10/27/01 10/28/01	Payee name The Home Depot Payee address; City; State; Zip Code 5445 West Loop South Houston, Texas 77081 Purpose of expenditure (See instructions regarding type of information required.) Stakes for signs one Staple Gun, Glue	Amount (\$) \$1,898.35 XX <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date 10/20/01	Payee name United States Postal Service Payee address; City; State; Zip Code Ashford West Houston, Texas 77077-9998 Purpose of expenditure (See instructions regarding type of information required.) Mail out letters for campaign (candidate exposure)	Amount (\$) \$272.00 XX <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date 10/11/01	Payee name Premier Payee address; City; State; Zip Code 3484 West 11th Street Houston Purpose of expenditure (See instructions regarding type of information required.) Mail out (post cards)	Amount (\$) \$1,680.00 XX <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date 10/16/01	Payee name Office Depot Payee address; City; State; Zip Code 6904 S. West Freeway Houston, Texas 77036 Purpose of expenditure (See instructions regarding type of information required.) Campaign letter xerox 500 copies	Amount (\$) \$21.65 XX <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED